MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Registration District No. 1003 Registration District No. 1003 Registration District No. 1003

DO NOT WRITE ON THIS STUB		AME	MNE		_	pistration District No.	JUN 7 1963					.	<u>-</u>		
					1.	PLACE OF DEATH	T IMUS				lf .		ased lived. If Institut	ion: Residence	before
VS 300					ŀ	a. COUNTY	•				a. STATE I 1	linois co	unty Bon	d admissi	on)
Rev. 4/59	2	1			-	b. CITY (If outside co	prporate limits, give TOWN	SHIP only)	Leng	th of stay in 1b	c. CITY · OR			Inside L	imits
	AMENDED				_	TÖŴN St	• Louis		2	wks.	TOWN (Greenvil	le	Yes 🔀	No 🗆
	A A					c. FULL NAME OF (If	NOT in hospital, give local	tion)		Inside Limits	d. STREET ADDRESS		cutside, give location)	Reside or	n Farm
28/2 0	7 ₹		l	- 1	[INSTITUTION	ARNES HOSP	TIAL		Yes 🗖 X No 🗆		04 N. Lo	cust	Yes 🗆	No 🙀
/+	<u> </u>	\vdash	\dashv	┪	3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month [Day Y	ear
				İ	-	(Type or print)	CHESTER		D.	•	BIMES	OF DEATH	May	30 196	
4 0	1	П		1 1	5.	SEX	6. COLOR OR RACE	7. Married	CK N	ever Married	8. DATE OF BIRTH	9. AGE (last b			
5					İ	Male	White	Widowed		Divorced [12-12-08	5.4	Months D	ays Hours	Min.
	_				104		(Give kind of work done	10b. KIND OF	BUSIN	SS OR INDUSTRY	11. BIRTHPLACE	(City and state or	country) 12. CITIZE	OF WHAT COL	INTRY
	ĕ				1	dathine Or	ng life, even If retired) Derator	Pet Mi	1k	Co.	Greenvil	le, I11	. U.S	5.A.	
7/			-	i	13a	FATHER'S NAME		13b. <i>M</i>	OTHER	'S MAIDEN NAM	E	14. N/	AME OF HUSBAND OR	WIFE	
8 /	2					Edward Bi				<u>le Harri</u>		Cor	<u>nelia Bime</u>	es	
"/	€						R IN.U.S. ARMED FORCES? yes, give wer or dates of	114 8	AC111	NO.	17. INFORMANT		Address 604 N	N. Locu	c t
9 0	¥	H				No l]	Mrs. Cor	<u>nelia B</u>	imes 604 [ville.	111
ີາກ 📉	<] }		<u> </u>	19	PART I.	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b),	, and (c).				ONSET AND	DEATH
	충	.	l	¥	1		IMMEDIATE CAUSE (a)	PITUI	TAR	Y TUMOR (Chromophol	e adenom	a)	Unk.	
11 (ۅٚٳؽ			DOCUMENT	1										
12 52-0							ons, if any, DUE TO (E)· <u>~ ·</u>							
13						above	cause (a), the under-					2724			
				\neg		lying	ause last. DUE TO (
	2	1 I													
وسه	5			1 !	õ	PART 11	. OTHER SIGNIFICANT C disease condition given i		ONTRIBL	ITING TO DEATI	H but not related t	o the terminal	PART III. If decea	sed was fem regnancy in last	
そり に	T				CATION	PART II			ONTRIBL	ITING TO DEAT	H but not related t	o the terminal		egnancy in last	
そり に	T						disease condition given i	niPART (e)	: <u>; :</u>			**	there a p	Pegnancy in last	90 days. Unknown
そり に	T				CERTIFI	19. WAS AUTOPSY PERFORMED? YES ROK NO	20a. ACCIDENT SUICID	niPART (e)	: <u>; :</u>			**	there a p	Pegnancy in last	90 days. Unknown
52	T	Į,			CERTIFI	19. WAS AUTOPSY PERFORMED? YES ROK NO	20a. ACCIDENT SUICID	niPART (e)	: <u>; :</u>			**	there a p	Pegnancy in last	90 days. Unknown
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STATEMENT BY LICENSED EMBALMER

I hereby	certify that the body	whose name is re	corded on the reverse	side of this certificate wa	
working under m	y personal supervision		Signed	en grass	ly TI
•				Licensed Embalmer No	

Note: The above MUST, BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.